PTO'SB/06 (08-03)
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U.S. Patient and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Substitute for Form PTO-875								09	12509	183
CLAIMS AS FILED - PART I (Column 1) (Column 2) SMAL							ENTITY	OR		R THAN ENTITY
		WUMB	ER FILED	MUMB	NUMBER EXTRA		FEE		RATE	FEE
BASIC FEE (IT CFR 1.18(a))							555	OR		. \$
TOTAL CLAIMS (37 CFR 1.18(c))		3	oninus 20		•			<b>C</b> R	x 5•	
INDEPENDENT CLAIMS (37 OFR 1.18(b))		7	minus 3 =		•		17_	OR	x 5=	
MULTIPLE DEPENDENT CLAIM PRÉSENT (37 CFR 1.16(d))						+3	1/	OR	+•	
" If the difference in column 1 is less than zero, enter "O" in column 2.						TOTAL	355	OR	TOTAL	
CLAIMS AS AMENDED - PART II										
166	(	Column 1)		(Catumn 2)	(Column 3)	SMALL	ENTITY	OR		R THAN ENTITY
MENT A	- "	CLAIMS EMAINING AFTER MENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
V COR	ad .	<i>1</i> 0_	Minus	20	0	x s		OR	X 8=	
N Indepen	dent 18(trj)	1	Minus	" Q	.0	x \$		ÓR	x 8=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLASM (SF OFR 1,18(d))						+: .		OR	+2 -	
1 12 Non-complaint						TOTAL ADD'L FEE	8	OR	TOTAL ADD'L FEE	
MPGILM	)	Column 1)	-1	(Column 2)				,000.00		
E I	R	CLAIMS EMAINING AFTER ENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Tol proper of the proper of th	1402)	10	Minus	- 20	· 10	x 5e		OR	x 5=	
D bdspan	ration)		Minus	-3	O	x \$=		OR	x s=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18W))						+8		OR	+5	
0,0						TOTAL ADD'L FEE	8	OR	ADO'L FEE	
14		katumn 1)		(Column 2)	(Column 3)					
N A	ulall P	CLAIMS EMAINING AFTER ENOMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADOI- TIONAL PEE		RATE	ADDI- TIONAL FEE
S profit		1	Minus	20	•	x 8		OR	x 8=	
AMENDAMENT SOLD SOLD SOLD SOLD SOLD SOLD SOLD SOLD	16(1)))		Minus	-`3	•	x 8		OR	x 8=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(I))						+5_=		OR	+ 5 =	
Ti A								OR	TOTAL ADO'L FEE	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. " If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".										

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. The will vary depending upon the Individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burdon, should be sent to the Chief Information Officer, U.S. Potent and Tradement Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patenta, P.O. Box 1450, Alexandria, VA 22313-1450.